

Summary of Local Health Officer (LHO) Survey and Recommendations

July, 2006

Survey Response

Out of 492 surveys mailed, all to town clerks, 196 responded (40%), range 26% (Washington County) to 67% (Cumberland). 10 responded that the position is vacant, and returned mostly blank surveys.

Survey Responders (Questions 2-3)

Almost all report to municipal officials. The vast majority (79%) work less than 5 hours per month as a LHO, though a number of them mentioned their LHO job is part of their existing job as Code Enforcement Officer (CEO) or town manager. The respondents average 8.5 years in the position.

Job Salary and Contacts (Questions 4-5)

- Half are paid as a LHO, and half are not. Of those who are paid, almost two-thirds are paid a salary as part of their municipal job (CEO or town manager), nearly one-quarter are paid an annual stipend, and one-sixth are paid an hourly wage.
- Over one-half reported contact in the past year with local town selectmen, town manager, CEO, animal control officer (ACO), fire department staff, ambulance/rescue staff, or law enforcement officers. About one-fifth reported contact with Maine CDC staff. Less than one-third reported contact with county or local emergency management staff, local hospital or community health center staff, regional epidemiologists, or Red Cross staff.

Education and Training (Questions 6-7)

- 69% of respondents have not completed any health certificate program. Of those who have completed one, a wide variety of programs were mentioned.
- 62% have not attended any training in connection with LHO duties. Of those who have attended some training, half have attended a LHO training (the Maine CDC/Bureau of Health puts on periodic LHO trainings).
- 67% have not participated in local or county emergency preparedness exercises.

LHO Statutory Functions (Question 8)

- 7 out of 26 possible LHO functions received a vote from at least one-third of the respondents that they provide that function, indicating a demand for those possible functions.
- 3 out of 26 possible functions received a vote from at least one-third of the respondents to keep these functions in statute.
- 10 out of 26 possible functions received a vote from at least one-third of the respondents they these functions should be eliminated from statute. These include the animal control type of functions.

Ideas on the Future of the LHO System (Questions 8-12)

- Some general themes common among comments on changes to LHO functions:
 - LHO should be a good first contact for local people, a liaison to those with more expertise
 - LHOs cannot be expected to be trained in such a wide variety of fields.
 - LHO functions should be narrowed, then training can be improved.

- At least some functions (some say all) should be transferred to a regional professional, to an existing local official (such as CEO and/or ACO), and/or to the state.
- There should be a stronger relationship between LHOs and the state
- Should the Maine LHO System be changed?
 - Yes, change – 69%;
 - No, stay the same – 31%.
- Potential Changes to LHO System – about equal votes for the following:
 - Assign the LHO to an existing local official (41)
 - Replace LHO with Regional HOs (47)
 - Create Regional HOs and maintain LHOs, splitting the duties (55)
 - 20 voted to eliminate LHOs

Comments about potential changes to LHO System had a wide range:

- From eliminate LHOs and move to state functions to strengthen LHOs under local government
- Several recommended professional regional HOs with LHOs retained for less specialized services
- When asked about possible Regional Health Officer services, the vast majority checked:
 - Training (83)
 - Technical assistance (80)
 - Medical expertise (70)
 - Liaison to state agencies (84)
 - Facilitator for LHOs within a region/county (82)

Comments about possible Regional HO roles included suggestions about them being a resource person for LHOs, and for the Regional Nurse Epidemiologists providing this role.

- What would help you most to increase effectiveness of your job as LHO?
 Answers were also varied, but most commonly asked that support from the state be improved. Also, concerns were expressed about not needing another government layer (county or regional government), but need to strengthen state support of LHOs. Examples given include:
 - Provide specific “go to” professional staff from Maine CDC in Augusta to support LHOs
 - Add Maine CDC staff in regions (some mentioned Regional Nurse Epidemiologists in this role) to support LHOs
 - Set up a communication network (e-mail, etc) of LHOs for sharing of information
 - Set up a directory of resources for LHOs
 - Hold regular trainings, including regional ones (done previously by Maine CDC and were well received)
 - Update and improve the LHO Manual – make it available on the Web, and update more frequently with updated resources in it as well
 - Revise statutes and move some functions to other existing positions such as state agencies and CEOs